



State of New Hampshire Department of Health and Human Services

REQUEST FOR PROPOSALS

RFP-2019-DMS-01-EQRO

FOR

**External Quality Review Organization
(EQRO)**

December 3, 2018



New Hampshire Department of Health and Human Services
External Quality Review Organization

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1. INTRODUCTION

1.1. Purpose and Overview

This Request for Proposals (RFP) is published to solicit proposals from vendors to provide External Quality Review (EQR) services to the Department.

The Department is seeking one or more vendors who are qualified to conduct External Quality Reviews (EQRs) of healthcare services provided to New Hampshire Medicaid beneficiaries, enrolled in the Medicaid Care Management (MCM), statewide.

1.2. Request for Proposal Terminology



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Bidder	Organization submitting a proposal in response to the RFP
CAHPS	Consumer Assessment of Healthcare Providers & Systems
CAP	Corrective Action Plan
CMS	Centers for Medicare & Medicaid Services
DHHS	Department of Health and Human Services
EQR	External Quality Review
EQRO	External Quality Review Organization
FFS	Fee For Service
HEDIS	Healthcare Effectiveness Data and Information Set
MCM	Medicaid Care Management
MCM Model Contract	Model agreement for the Department's contracts with the Medicaid Managed Care Organizations that will begin on 7/1/19. The agreement can be found at: https://www.dhhs.nh.gov/business/rfp/documents/rfp-2019-DMS-02-manag-appc.pdf
MCO	Managed Care Organizations
MMIS	Medicaid Management Information System
NCQA	National Committee for Quality Assurance
DMS	Division of Medicaid Services
PIP	Performance Improvement Project
QIP	Quality Improvement Project
RFP	Request for Proposals. A Request for Proposals means an invitation to submit a proposal to provide specified goods or services, where the particulars of the goods or services and the price are proposed by the vendor and, for proposals meeting or exceeding specifications, selection is according to identified criteria as provided by RSA 21-I:22-a and RSA 21-I:22-b.



1.3. Contract Period

- 1.3.1. The Contract resulting from this RFP will be effective April 1, 2019, or upon Governor & Executive Council approval, whichever is later through June 30, 2022.
- 1.3.2. The Department may renew contracted services for up to four (4) additional years, contingent upon satisfactory vendor performance, continued funding and Governor and Executive Council approval.

2. BACKGROUND AND REQUIRED SERVICES

2.1. New Hampshire Department of Health and Human Services, Division of Medicaid Services

The Division of Medicaid Services (DMS) has functional responsibility for the Medical Assistance program (Medicaid) as well as health planning, reporting, data and research. DMS is dedicated to the identification of NH's health care needs through assessment of health care and social services delivery systems.

DMS is responsible for the administration of the Medical Assistance Program, called New Hampshire Medicaid, for low-income NH adults and children. DMS's development and facilitation of program policy and financial management for Medicaid services assists other Department program areas manage specialized Medicaid programs for children, seniors, the blind or disabled, including persons with mental illness, developmental disabilities, and those residing in long term care facilities.

2.2. Background

- 2.2.1. The federal protocol External Quality Review (EQR) is used to determine the extent to which Medicaid is in compliance with Federal quality standards mandated by the Balanced Budget Act of 1997 (BBA). The regulations are codified in 42 CFR Part 438.
- 2.2.2. The statewide New Hampshire Medicaid Care Management (MCM) program in SFY 2019 includes two Managed Care Organizations (MCOs) with a total enrollment of 133,423 members as of 9/1/18. The current program ends on June 30, 2019.
- 2.2.3. The Department is currently procuring vendors for a new MCM program that will begin on July 1, 2019. The new program may include three (3) MCOs.

3. STATEMENT OF WORK

3.1. Scope of Services



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3.1.1. The selected vendor must meet all the qualifications of an External Quality Review Organization (EQRO) outlined in 42 CFR 438.354.

Q1. *How does your organization meet the CMS qualifications of an EQRO in each section of 42 CFR 438.354?*

3.1.2. Evaluation of Managed Care Organization (MCO) Contractual Compliance:

3.1.2.1. The selected vendor must conduct annual reviews, pursuant to 42 CFR 438.358 (b)(1)(iii) and current federal CMS Protocol #1 for EQR, to determine the MCOs' compliance with federal regulations and the Department's contract provisions relative to the quality, appropriateness, and timeliness of, and access to care and services furnished to all New Hampshire Medicaid enrollees under MCO contracts.

3.1.2.2. The selected vendor must create a methodology and the tools used to conduct the contract compliance audit which must be approved by the Department. The audit must include but not be limited to activities as defined below (from the CMS EQRO Protocol #1):

3.1.2.2.1. Establish Compliance Thresholds;

3.1.2.2.2. Perform Preliminary Review;

3.1.2.2.3. Conduct MCO Site Visit;

3.1.2.2.4. Compile and Analyze Findings; and

3.1.2.2.5. Report Results to the State.

3.1.2.3. In the first year, the selected vendor must include a comprehensive evaluation of all contract provisions to determine MCO compliance with state and federal standards for access to care, structure and operations, and quality measurement and improvement. One third of the contract standards must be evaluated in each subsequent year so that all contract provisions are evaluated at least once every three years. In addition, contract standards that are found to be out of compliance must be reviewed in the subsequent year.

3.1.2.4. If the selected vendor determines that the MCOs are out of compliance, the vendor must manage a Corrective Action Plan process with the MCOs to resolve deficiencies in a timely manner



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3.1.2.5. The selected vendor must produce a stand-alone report for the audit within thirty (30) calendar days of the completion of the activity and include results in the annual EQRO technical report.

Q2. *What experience and expertise does your organization offer to provide the expertise required to evaluate Managed Care Organization (MCO) Contractual Compliance?*

- *Describe in detail how your organization will meet the requirements in this section. The vendor must verify that all components of the contract are being included in the compliance audit, or specifically state which section(s) they will not include and state the specific reason(s) for exclusion. MCO contract provisions can be found at: <https://www.dhhs.nh.gov/business/rfp/documents/rfp-2019-DMS-02-manag-appc.pdf>*
- *In a separate attachment titled Question 2, provide one (1) example of an analysis or report demonstrating that the EQRO has had prior experience conducting reviews relative to MCO contract compliance.*

3.1.3. Validation of MCO Performance Measures

3.1.3.1. The selected vendor pursuant to 42 CFR 438.358(b)(1)(ii), must validate no less than annually the MCO performance measures required by the Department.

3.1.3.1.1. The selected vendor must create a methodology and the tools used to conduct the MCO Performance Measure audit which must be approved by the Department. The audit must include but not be limited to the activities below (from the CMS EQRO Protocol #2)

3.1.3.1.1.1. Pre-onsite visit activities;

3.1.3.1.1.2. Onsite visit activities; and

3.1.3.1.1.3. Post-site activities.

3.1.3.2. The selected vendor must use performance measures as defined by the Department, annually; as a component of the performance measure validation audit.



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- 3.1.3.3. The Department must select up to 20 performance measures, annually, from Exhibit O: NH Medicaid Care Management Quality and Oversight Reporting Requirements which can be found on page 339 of the MCM Model Contract: <https://www.dhhs.nh.gov/business/rfp/documents/rfp-2019-DMS-02-manag-appc.pdf> to be included in the performance measure validation audit.
- 3.1.3.4. The selected vendor must not perform the Information Systems Capabilities Assessment (ISCA) if the MCO is able to provide verification that the ISCA was completed within the past 12 months by a National Committee for Qualified Assurance of Health Plans (NCQA) certified Healthcare Effectiveness and Data Information Set (HEDIS) auditor.
- 3.1.3.5. The selected vendor must provide technical assistance to The Department and the MCOs as needed.
- 3.1.3.6. The selected vendor must produce a stand-alone report for the audit within thirty (30) calendar days of the completion of the activity and include results in the annual EQRO technical report.

Q3. *What experience does your organization offer to provide the expertise required to validate MCO Performance Measures?*

- *Describe in detail how your organization will meet the requirements in this section. In a separate attachment titled Question 3, provide one (1) example of a report that shows the results of a performance measure validation audit.*

3.1.4. Evaluation of Performance Improvement Projects (PIP)

- 3.1.4.1. The selected vendor must validate, in accordance with 42 CFR 438.358 (b)(1)(i) each MCO's PIPs required by The Department and ensure they are consistent with the most recent federal Centers for Medicare & Medicaid Services (CMS) Protocols for External Quality Review (EQR) activities.



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- 3.1.4.1.1. The selected vendor must create a rapid cycle PIP methodology and the tools used to conduct the evaluation of the performance improvement projects which must be approved by the Department. The validation must include but not be limited to activities defined below (from the CMS EQRO Protocol #3):
 - 3.1.4.1.1.1. Assess the study methodology;
 - 3.1.4.1.1.2. Verify PIP study findings for projects involving non-audited performance measures; and
 - 3.1.4.1.1.3. Evaluate overall validity and reliability of study results.
- 3.1.4.2. The selected vendor must use PIP requirements, as defined in 4.12.3.1 of the MCM Model Contract
- 3.1.4.3. The MCO's PIP requirements can be found in section 4.12.3.1 of the MCM Model Contract <https://www.dhhs.nh.gov/business/rfp/documents/rfp-2019-DMS-02-manag-appc.pdf>
- 3.1.4.4. The selected vendor must produce a stand-alone PIP report including a description of each of the MCOs PIPs, activities, interventions, barriers, and the results of the PIP validation within thirty (30) calendar days of the completion of the activity.
- 3.1.4.5. The results of the PIP validation must be included in the annual EQRO technical report.

Q4. *What experience does your organization offer to provide the expertise required to evaluate Performance Improvement Projects?*

- *Describe in detail how your organization will meet the requirements in this section. In a separate attachment titled Question 4, provide one (1) example of a report demonstrating that the vendor has had prior experience evaluating MCO PIPs utilizing rapid cycle methodology and tools the vendor created.*

3.1.5. Validation of Encounter Data Reported by the MCO



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- 3.1.5.1. The selected vendor must evaluate and validate encounter data reported by the MCOs to The Department in accordance with the New Hampshire MCM contract and 42 CFR 438.358(c)(1).
- 3.1.5.2. The selected vendor must evaluate and validate encounter data submitted to the State by the MCOs via New Hampshire's Medicaid Management Information System (MMIS) in accordance with the State's standards for encounter data including, but not limited to;
 - 3.1.5.2.1. An operational definition of an "encounter" and the types of encounters (e.g. physician, hospital, laboratory, etc.)
 - 3.1.5.2.2. Standards for encounter data accuracy and completeness; and
 - 3.1.5.2.3. Objective standards to which encounter data must be compared.
- 3.1.5.3. The selected vendor must create a methodology and the tools used to conduct the validation of encounter data which must be approved by the Department. The validation must include but not be limited to activities defined below (from the CMS EQRO Protocol #4):
 - 3.1.5.3.1. Annually review State requirements for collecting and submitting encounter data;
 - 3.1.5.3.2. Annually review the MCO's capacity to produce accurate and complete encounter data. The vendor must use the most recent Information System Capabilities Assessment (ISCA) completed by a NCAQ HEDIS compliance auditor;
 - 3.1.5.3.3. Annually analyze MCO electronic encounter data for accuracy and completeness;
 - 3.1.5.3.4. In the first year of the contract and once every three years thereafter, review of medical records for confirmation of findings of analysis of encounter data. Review should meet the requirements of 42 CFR 438.602(e); and



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- 3.1.5.3.5. Annually submit findings.
- 3.1.5.4. The selected vendor must receive industry standard 837 encounter data files directly from the MCOs to conduct validation activities.
- 3.1.5.5. The selected vendor must:
 - 3.1.5.5.1. Accept/reject reported encounters.
 - 3.1.5.5.2. Detect data patterns, such as:
 - 3.1.5.5.2.1. Under- or over-reporting of data over time; and
 - 3.1.5.5.2.2. Utilization patterns
 - 3.1.5.5.3. Prepare a certification letter for each MCO attesting the level of completeness and accuracy of the Encounter Data submitted by the MCO to the Department.
 - 3.1.5.5.4. Issue weekly, monthly, and quarterly reports containing MCO specific findings and aggregate MCO results concerning the validity of this encounter data.
 - 3.1.5.5.5. Provide technical assistance to The Department and the MCOs to reach an agreed upon level of consistency and accuracy in the encounter data.
 - 3.1.5.5.6. Provide technical assistance to The Department's MMIS and to the MCOs as deficiencies are discovered throughout the encounter data validation process to improve data accuracy and completeness.
 - 3.1.5.5.7. Consult with The Department to improve data validation for The Departments' MMIS.
- 3.1.5.6. The selected vendor must conduct additional validation annually by comparing all encounters submitted by the MCOs to The Department against encounters residing in the MCOs data system.



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3.1.5.6.1. The selected vendor must provide the results of this annual validation which must serve as the basis for The Selected vendor's federal-level Encounter Data certification and must be due to The Department and CMS on August 1st of each year.

3.1.5.7. The selected vendor must include results in the annual EQRO technical report.

Q5. *What experience does your organization offer to provide the expertise required to validate Encounter Data Reported by MCOs?*

- *Describe in detail your organization's ability to meet the requirements outlined in this section and the approach it will take to validating encounter data, ensuring that the MCOs are reporting encounter data using 837 format, as required, and that the reported data are an accurate assessment of encounters.*
- *In a separate document entitled Question 5, provide one (1) example of a Medicaid managed care encounter data validation report your organization has produced after conducting data validation for another state.*

Q6. *What experiences does your organization offer to provide the expertise required to conduct a medical record review for confirmation of findings of analysis of encounter data and 42 CFR 438.602(e) requirements?*

- *Describe in detail your organization's ability to meet the requirements outlined in this section related to conducting a managed care medical record review for confirmation of findings of analysis of encounter data and compliance with 42 CFR 438.602(e).*
- *In a separate attachment entitled Question 6, provide one (1) example of an analysis or report as referenced in 3.1.5.3.4 based on the vendor conducting a managed care medical record review for confirmation of findings of analysis of encounter data.*

3.1.6. Produce a detailed Technical Report

3.1.6.1. The selected vendor must produce an annual detailed Technical Report pursuant to 42 CFR 438.350 (a). The report must include results for each MCO participating in New Hampshire Medicaid's Care Management program with results for each of the following EQR activities:

3.1.6.1.1. Contract compliance audit;



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- 3.1.6.1.2. Performance measure validation audit;
- 3.1.6.1.3. Performance improvement project validation;
- 3.1.6.1.4. Encounter data validation;
- 3.1.6.1.5. Additional quality studies;
- 3.1.6.1.6. Network adequacy validation;
- 3.1.6.1.7. Additional EQRO activities.
- 3.1.6.2. The technical report must include; pursuant to 42 CFR 438.350 (a):
 - 3.1.6.2.1. A description of how data was aggregated and analyzed;
 - 3.1.6.2.2. Conclusions drawn regarding the quality, timeliness, and access to care furnished by the MCOs;
 - 3.1.6.2.3. For each activity:
 - 3.1.6.2.3.1. Objectives;
 - 3.1.6.2.3.2. Summary of methods of data collection and analysis;
 - 3.1.6.2.3.3. Summary of data obtained for each activity; and
 - 3.1.6.2.3.4. Conclusions drawn from the data to include but not be limited to strengths and opportunities for improvement.
 - 3.1.6.2.4. Overall assessment of each MCO's strengths and weaknesses for quality, timeliness, and access to health care services furnished to Medicaid beneficiaries;
 - 3.1.6.2.5. Overall assessment of the compliance of the State of New Hampshire's Medicaid Care Management Quality Strategy with 42 CFR 438.340;



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- 3.1.6.2.6. Recommendations for improving the quality of health care services by each MCO, including how New Hampshire can target goals and objectives in the quality strategy;
 - 3.1.6.2.7. Methodologically appropriate, comparative information about all MCOs for selected HEDIS and CAHPS measurements; and
 - 3.1.6.2.8. Assessment of the degree to which each MCO has addressed effectively the recommendations for quality improvement made by the EQRO during previous years. The assessment of the MCOs efforts must be conducted by the selected vendor reviewing the MCOs annual Quality Assessment and Performance Improvement reports.
- 3.1.6.3. The report should include additional reports and activities the EQRO conducted during the reporting year (e.g. surveys, focus studies, etc.)
 - 3.1.6.4. The initial draft of the technical report must be submitted annually to the Department no later than December 1.
 - 3.1.6.5. The EQRO must annually conduct an in-person presentation of the results of the EQR technical report to DHHS stakeholders and staff.

Q7. *What experience does your organization offer to provide the expertise required to produce detailed technical reports?*

- *Describe how your organization will meet each of the above listed tasks. In a separate attachment, titled Question 7-A, provide one (1) example of a technical report previously compiled for another state.*
- *In a separate attachment, titled Question 7-B, provide one (1) example of a PowerPoint, agenda, and/or written materials, used in conjunction with a presentation of the results of an EQRO technical report to stakeholders.*

3.1.7. Implementation of Surveys

- 3.1.7.1. The selected vendor must administer four member and/or provider surveys in compliance with 42 CFR 438.358(c)(2).
- 3.1.7.2. The selected vendor must conduct:



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- 3.1.7.2.1. Two annual qualitative member focus groups and/or surveys on topics related to the MCM program that are requested by the Department;
- 3.1.7.2.2. One annual provider satisfaction survey utilizing a tool provided by the Department; and
- 3.1.7.2.3. One annual provider secret shopper survey
- 3.1.7.3. The selected vendor must create a methodology and tools to administer surveys which must be approved by the Department. The surveys must be administered following activities defined below (from the CMS EQRO Protocol #5):
 - 3.1.7.3.1. Identify survey purpose(s), objective(s) and intended use;
 - 3.1.7.3.2. Select the survey instrument;
 - 3.1.7.3.3. Develop the sampling plan;
 - 3.1.7.3.4. Develop a strategy for maximizing the response rate;
 - 3.1.7.3.5. Develop a quality assurance plan;
 - 3.1.7.3.6. Implement the survey;
 - 3.1.7.3.7. Prepare and analyze the data obtained from the survey; and
 - 3.1.7.3.8. Document the survey process and results.
- 3.1.7.4. The selected vendor must work with the MCOs to communicate documentation and data needs.
- 3.1.7.5. The selected vendor must produce a stand-alone report within thirty (30) calendar days of the completion of activities within section 3.1.7 and include results in the annual EQRO technical report.

Q8. *What experience does your organization offer to provide the expertise required to conduct member and/or provider surveys in compliance with 42 CFR 438.358(c)(2)?*

- *Describe how your organization will meet the requirements of this section including prior experience with the development, administration, and validation of consumer and provider surveys.*



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- *Indicate whether your organization has previously performed focus group work with Medicaid populations for other States, public entities, or health plans. Articulate your strategy for ensuring beneficiary engagement and for training beneficiary participants to ensure constructive feedback.*
- *Describe the method your organization would use to locate, contact, and assemble Medicaid beneficiaries. Indicate whether your organization has staff with the expertise to develop and facilitate focus groups and, if not, how your organization would undertake the task of finding appropriately skilled subcontractors to perform this work.*
- *In a separate attachment titled Question 8, provide two (2) examples of a Medicaid survey report inclusive of the methodology used for data collection and analysis. One (1) of the examples should include a Medicaid beneficiary focus group report if possible.*

3.1.8. Conduct Validation of Provider Network Adequacy

- 3.1.8.1. The selected vendor must conduct activities to validate each MCO's provider network to assure compliance with 42 CFR 438.68, per 42 CFR 438.358(c)(4).
- 3.1.8.2. Prior to the final EQRO protocols being published by CMS, the selected vendor must create a methodology and tools to validate compliance of each MCO's provider network with 42 CFR 438.68. All methodologies and tools must be approved by the Department.
- 3.1.8.3. Following final EQRO protocols being published by CMS, the selected vendor and the Department will agree on how to meet the requirements of 42 CFR 438.358(c)(4).

Q9. *What experience does your organization offer to provide the expertise required to conduct validations of provider network adequacy?*

- *Describe how your organization would meet the requirements of this section.*
- *Describe in detail your organization's experience to conduct validations of provider network adequacy.*
- *In a separate attachment titled Question 9, provide one (1) example of a Medicaid managed care validation of provider network adequacy analysis or report conducted by your organization for another state.*

3.1.9. Conduct Focus Studies of Health Care Quality



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- 3.1.9.1. The selected vendor must conduct studies on quality, that focus on a particular aspect of clinical or non-clinical services at a point in time, per 42 CFR 438.358 (c)(5).
- 3.1.9.2. The selected vendor must be responsible for conducting:
 - 3.1.9.2.1. One annual quality study;
 - 3.1.9.2.2. One annual quality meeting that must focus on a MCM quality topic; and
 - 3.1.9.2.3. One independent assessment of the CMS1915(b) waiver population.
- 3.1.9.3. The selected vendor must create a methodology and tools to administer quality studies which must be approved by the Department. The quality focus studies must be conducted following activities listed below (from the CMS EQRO Protocol #6):
 - 3.1.9.3.1. Select the study topic(s);
 - 3.1.9.3.2. Define the study question(s);
 - 3.1.9.3.3. Select the study variable(s);
 - 3.1.9.3.4. Study the whole population or use a representative sample;
 - 3.1.9.3.5. Use sound sampling methods;
 - 3.1.9.3.6. Reliably collect data;
 - 3.1.9.3.7. Analyze data and interpret study results; and
 - 3.1.9.3.8. Report results to the state.
- 3.1.9.4. The annual quality study must focus on an element of the MCM program which must be approved by the Department and may include but is not limited to care management, utilization management, behavioral health benefits, or pharmacy benefits.
- 3.1.9.5. The selected vendor must host an annual meeting in New Hampshire for targeted stakeholders and staff to discuss a quality topic which must be approved by the Department and is related to the MCM program.



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3.1.9.6. The selected vendor must produce a stand-alone report for the CMS 1915(b) waiver population. The Department will provide the vendor with performance measure data. The vendor will independently evaluate the outcome data related to the populations then produce a report. The first draft of the report is due November 1, 2019. The final report is due no later than December 1, 2019. The previous report can be found at: <https://www.dhhs.nh.gov/ombp/caremgmt/document/s/1915b-independent-assessment.pdf>

Q10. *What experience does your organization offer to provide the expertise required to conduct focus studies of health care quality?*

- *Describe in detail your organization's ability to meet each requirement outlined in this section.*
- *In a separate attachment titled Question 10-A, provide detailed examples of two (2) focused studies your organization designed and implemented for other States.*
- *Describe your experience conducting large, conference style meetings and trainings for other State Medicaid agencies and managed care health plans.*
- *In a separate attachment titled Question 10-B, provide one (1) example of the conference agenda, written materials, and completed evaluations from a conference organized by your organization. Describe the process by which your organization develops conference topics, engages speakers, and involves managed care and State agency staff.*

Q11. *What is your experience evaluating CMS 1915(b) population performance measure data?*

- *In a separate attachment titled Question 11, provide one (1) example of a 1915(b) waiver report previously compiled for another state. If your organization does not have experience in this requirement, provide a report compiled for another state that shows your experience in monitoring performance measure data for other Medicaid populations.*

3.1.10. Project Management and Support

3.1.10.1. The vendor must develop and provide a written implementation plan that includes tasks, start dates, end dates, and responsible party (e.g. EQRO or DHHS) The plan must define how they will orientate and provide sufficient technical assistance to the MCOs in order to complete the following EQRO activities;



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- 3.1.10.1.1. Evaluation of MCO Contractual Compliance,
- 3.1.10.1.2. Validation of MCO Performance Measures,
- 3.1.10.1.3. Evaluation of Performance Improvement Projects (PIP),
- 3.1.10.1.4. Validation of Encounter Data Reported by the MCO.
- 3.1.10.2. The selected vendor must host bi-weekly (every two weeks) conference calls with the Department staff throughout the contract period.
- 3.1.10.3. The selected vendor must provide bi-weekly (every two weeks) written status reports to the Department.
- 3.1.10.4. The selected vendor must respond, via email or by phone, to all inquiries from the Department within two (2) business days.
- 3.1.10.5. The selected vendor must have appropriate staff to conduct all contracted EQR activities and must assign the following key leadership roles: a contract manager who spends at least 0.50 FTE of time to manage the EQRO contract with NH DHHS, and a project lead for each review activity under the EQRO contract.
- 3.1.10.6. Submission of a proposal indicates acceptance of the conditions specified in this RFP to staff and subcontractor resources and competencies. DHHS reserves the right to accept or reject any of the EQRO contractor's employees or subcontractors assigned to this project and to require their replacement at any time.

Q12. *What project management and support does your organization offer to provide the expertise required to complete all EQRO requirements mentioned in the RFP?*

- *Describe how your organization would meet the requirements of this section by including a staffing model with a description of key functions, a list of personnel associated with each activity and a detailed description of their ability to perform such review activities, and the percentage of time they will devote to a particular review activity.*
- *Include a copy of your organizational chart and a list of all subcontractors it would use to meet the requirements outlined in the scope of work. In Appendix E, provide a curriculum vitae (limited: 2 pages per key staff) for key personnel who will conduct the specified review activities.*



3.2. Data Usage and Security

3.2.1. Transferring, Receiving, Protecting, and Storing Data

The selected Vendor shall preserve the confidentiality, integrity, and accessibility of the State of New Hampshire data with administrative, technical, and physical information security controls and measures. Such controls and measures shall conform to all applicable federal, state, and industry standards, such as NIST 800-53v4; which the selected Vendor applies to its own information processing environment. In addition, the vendor shall ensure that the same controls and measures are applied by any subcontractor's information processing environment utilized to process or store State of New Hampshire protected data. The selected Vendor shall:

- 3.2.1.1. Ensure all resources assigned to perform contract services, including subcontractors, follow federal and state laws, rules and regulations and shall not use Medicaid data for any purposes outside of the scope of this contract without the express written consent of the Department.
- 3.2.1.2. Assure all reports and performance measures will be reported in the aggregate and will not include member identifiable information.
- 3.2.1.3. Abide by the Department's confidentiality requirements and security protocols.
- 3.2.1.4. Abide by all federal and state laws, rules and regulations including Federal law 42 CFR Part 2 which prohibits unauthorized disclosure of these records.
- 3.2.1.5. Provide the Department with its summary and analytic data files used to conduct the evaluation upon request. These files must be:
 - 3.2.1.5.1. Organized;
 - 3.2.1.5.2. Clearly labeled; and,
 - 3.2.1.5.3. Accompanied by a data dictionary.
- 3.2.1.6. Work with the Department to assure that appropriate data use agreements are in place to obtain needed data.



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- 3.2.1.7. Understand Medicaid data and processing protocols and ensure that all resources assigned to perform contract services follow federal regulations.
- 3.2.1.8. Comply with appropriate security protocols to include procedures defined in HIPAA and the Health Information Technology for Economic and Clinical Health (HITECH) Act. All transactions designed for the storage and retrieval of the information shall meet these requirements.
- 3.2.1.9. Ensure any and all electronic transmission or exchange of any State of New Hampshire data shall be secured using Secure File Transfer Protocols using no less than 128bit encryption and appropriate transfer mechanisms.
- 3.2.1.10. Ensure all current employees are aware of their responsibilities to protect protected health information PHI and other confidential information. Prior to gaining access to confidential information and each year thereafter, all of the selected vendor's employees and subcontractors who have access to confidential information shall be required to sign a confidentiality/nondisclosure agreement as part of the selected vendor's assignment to provide contracted services.
- 3.2.1.11. Ensure the secure storage of the Department-provided data, ensuring any storage media is encrypted, locked and retain control of access of any storage areas and or facilities
- 3.2.1.12. Ensure all facilities and offices have appropriate layers of physical access controls and monitoring ensuring access is restricted to authorized personnel only.
- 3.2.1.13. Ensure daily operations include policies that require all confidential information be secured at the end of the duty day to prevent inadvertent disclosure to unauthorized personnel.



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- 3.2.1.14. Ensure confidential information in paper form is stored in a separate, secure room or in locked file cabinets, accessible to authorized personnel only. Any data authorized for destruction shall be destroyed according to Federal, State, and industry standards and certified and documented in writing by the data destruction agent.
- 3.2.1.15. Ensure all data, and any copies thereof, are returned to the Department upon Department request or no later than the contract expiration date, whichever occurs first, unless otherwise instructed by the Department to destroy copied data.
- 3.2.1.16. Ensure continuous control of security access to confidential or protected information by immediately adjusting or removing any individual whose employment status or position has changed. Ensure continuous control of security access to confidential or protected information and to ensure that individual accesses are immediately removed or adjusted for any individual whose employment status or positions have changed.

Q13. *What is your experience complying with data usage, storage and security requirements?*

3.3. References

- 3.3.1. The selected Vendor will have experience conducting External Quality Review (EQR) for other states with Medicaid Care Management (MCM) populations.

Q14. *Provide three (3) references from agencies in which 1115(a) waiver evaluations or similar evaluations of Medicaid populations were conducted? The vendor's references will each complete the vendor reference form found in Appendix G of this RFP. The vendor's references will provide the vendor the form in a sealed envelope (i.e. agencies' seal or signature over the flap of the envelope).*

3.4. Reporting and Deliverable Requirements

- 3.4.1. Summary of EQRO Deliverables



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Reference	General Topic Area	RFP Section	Periodicity	Deliverable Due Date
1	MCO Contract Compliance Review	3.1.2	Annual	Written report within 30 days after the completion of the activity
2	Validation of MCO Performance Measures	3.1.3	Annual	Written report within 30 days after the completion of the activity
3	Evaluation of PIPs	3.1.4	TBD but no less than annually	Written report within 30 days after the completion of the activity
4	Validation of Encounter Data Reported by the MCO	3.1.5	Weekly, monthly, quarterly, annually	TBD
5	Produce a detailed Technical Report	3.1.6	Annual	Written report no later than December 1, beginning on 12/1/2020.



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6	Technical Report; In-Person Presentation	3.1.6.5	Annual	In-person presentation to Department stakeholders and staff. Written conference agenda and materials at least five business days prior to presentation. Completed individual evaluations and evaluation summary within 5 business days of presentation.
7	Implementation of Surveys- Qualitative member focus group &/or survey	3.1.7.2.1	Semi-annual	Written report within 30 days after the completion of the activity
8	Implementation of Surveys- Provider Satisfaction Survey	3.1.7.2.2	Annual	Written report within 30 days after the completion of the activity
9	Implementation of Surveys- Secret Shopper Survey	3.1.7.2.3	Annual	Written report within 30 days after the completion of the activity
10	Validation of Provider Network Adequacy	3.1.8	TBD	Written report within 30 days after the completion of the activity



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11	Focus Studies of Health Care Quality- Quality Study	3.1.9.2.1 and 3.1.9.4	Annual	Written report within 30 days after the completion of the activity
12	Focus Studies of Health Care Quality- Annual Quality Meeting	3.1.9.2.2 and 3.1.9.5	Annual	In-person annual meeting to DHHS Stakeholders and staff. Written conference agenda and materials at least five business days prior to conference. Completed individual evaluations and evaluation summary within 5 business days of conference.
13	Independent assessment of the CMS1915(b) waiver population	3.1.9.2.3 and 3.1.9.6 3.1.9.2.3 and 3	First year of contract	The first draft of the written report is due on November 1, 2019. The final report is due no later than December 1, 2019...
14	Implementation Plan	3.1.10.1	Annual	Written plan, no later than August 1 st , beginning 8/1/2019.



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15	Host bi-weekly conference calls	3.1.10.2 and 3.1.10.3	Every two weeks	Written agenda and written status reports, including the name of the EQRO project lead for each activity.
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3.5. Performance Measures

- 3.5.1. The EQRO will complete all activities as stated in the Scope of Services within the specified time periods
- 3.5.2. The Annual EQRO Technical Report will be accepted by CMS upon initial submission by DHHS.

3.6. Culturally and Linguistically Appropriate Standards

- 3.6.1. The New Hampshire Department of Health and Human Services (DHHS) is committed to reducing health disparities in New Hampshire. DHHS recognizes that culture and language can have a considerable impact on how individuals access and respond to health and human services. Culturally and linguistically diverse populations experience barriers in their efforts to access services. As a result, DHHS is strongly committed to providing culturally and linguistically competent programs and services for its clients, and as a means of ensuring access to quality care for all. As part of that commitment DHHS continuously strives to improve existing programs and services, and to bring them in line with current best practices.
- 3.6.2. DHHS requires all contractors and sub-recipients to provide culturally and linguistically appropriate programs and services in compliance with all applicable federal civil rights laws, which may include: Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Rehabilitation Act of 1973. Collectively, these laws prohibit discrimination on the grounds of race, color, national origin, disability, age, sex, and religion.
- 3.6.3. There are numerous resources available to help recipients increase their ability to meet the needs of culturally, racially and linguistically diverse clients. Some of the main information sources are listed in the Bidder's Reference Guide for Completing the Culturally and Linguistically Appropriate Services Section of the RFP, and, in the Vendor/RFP section of the DHHS website.



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- 3.6.4. A key Title VI guidance is the National Standards for Culturally and Linguistically Appropriate Services in Health Care (CLAS Standards), developed by the U.S. Department of Health and Human Services in 2000. The CLAS Standards provide specific steps that organizations may take to make their services more culturally and linguistically appropriate. The enhanced CLAS standards, released in 2013, promote effective communication not only with persons with Limited English Proficiency, but also with persons who have other communication needs. The enhanced Standards provide a framework for organizations to best serve the nation's increasingly diverse communities.
- 3.6.5. Bidders are expected to consider the need for language services for individuals with Limited English Proficiency as well as other communication needs, served or likely to be encountered in the eligible service population, both in developing their budgets and in conducting their programs and activities.
- 3.6.6. Successful applicants will be:
 - 3.6.6.1. Required to submit a detailed description of the language assistance services they will provide to LEP persons to ensure meaningful access to their programs and/or services, within 10 days of the date the contract is approved by Governor and Council;
 - 3.6.6.2. Monitored on their Federal civil rights compliance using the Federal Civil Rights Compliance Checklist, which can be found in the Vendor/RFP section of the DHHS website.
- 3.6.7. The guidance that accompanies Title VI of the Civil Rights Act of 1964 requires recipients to take reasonable steps to ensure meaningful access to their programs and services by persons with Limited English Proficiency (LEP persons). The extent of an organization's obligation to provide LEP services is based on an individualized assessment involving the balancing of four factors:
 - 3.6.7.1. The number or proportion of LEP persons served or likely to be encountered in the population that is eligible for the program or services (this includes minor children served by the program who have LEP parent(s) or guardian(s) in need of language assistance);
 - 3.6.7.2. The frequency with which LEP individuals come in contact with the program, activity or service;



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- 3.6.7.3. The importance or impact of the contact upon the lives of the person(s) served by the program, activity or service;
- 3.6.7.4. The resources available to the organization to provide language assistance.
- 3.6.7.5. **Bidders are required to complete the TWO (2) steps listed in the Appendix C to this RFP, as part of their Proposal.** Completion of these two items is required not only because the provision of language and/or communication assistance is a longstanding requirement under the Federal civil rights laws, but also because consideration of all the required factors will help inform Bidders' program design, which in turn, will allow Bidders to put forth the best possible Proposal.
- 3.6.8. For guidance on completing the two steps in Appendix C, please refer to Bidder's Reference Guide for Completing the Culturally and Linguistically Appropriate Services Addendum of the RFP, which is posted on the DHHS website.
<http://www.dhhs.nh.gov/business/forms.htm>.

3.7. Contract Monitoring Provisions

- 3.7.1. All Bidders must complete Appendix F Contract Monitoring Provisions.
- 3.7.2. The Department will determine if enhanced monitoring is necessary for any selected Vendor(s).

3.8. Standard Compliance

- 3.8.1. The selected vendor(s) must meet all information security and privacy requirements as set by the Department.

4. FINANCE

4.1. Financial Standards

- 4.1.1. Funding for the resulting contract is contingent upon meeting the requirements in the Catalog of Federal Domestic Assistance (CFDA) # 93.778, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medical Assistance.
- 4.1.2. Funds must be used in accordance with the provisions of the CFDA #93.778. Funds from this contract shall not be used to supplant funding for a program already funded from another source.

4.2. Match Requirements



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4.2.1. There are no matching requirements for this contract.

5. PROPOSAL EVALUATION

5.1. Technical Proposal

5.1.1. Vendor Qualifications (Q1)	25 Points
5.1.2. Evaluations, Validations and Compliance Reviews (Q2 – Q-6, Q9 & Q11)	150 Points
5.1.3. Technical Reports and Surveys (Q7 & Q8)	50 Points
5.1.4. Focus Studies (Q10)	25 Points
5.1.5. Project Management and Staffing (Q12)	25 Points
5.1.6. Data Security (Q13)	25 Points
5.1.7. Vendor References (Q14)	100 Points
Total Technical Proposal Points Available	400 Points

5.2. Cost Proposal

5.2.1. Budget (Appendix D) & Budget Narrative	100 Points
Total Cost Proposal Points Available	100 Points

6. PROPOSAL PROCESS

6.1. Contact Information – Sole Point of Contact

The sole point of contact, the Procurement Coordinator, relative to the bid or bidding process for this RFP, from the RFP issue date until the selection of a Bidder, and approval of the resulting contract by the Governor and Executive Council is:

State of New Hampshire
Department of Health and Human Services
Brian Owens
Contract Specialist
Brown Building
129 Pleasant St.
Concord, New Hampshire 03301
Email: brian.owens@dhhs.nh.gov
Fax: 603-271-4232
Phone: 603-271-9634



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Other personnel are NOT authorized to discuss this RFP with Bidders before the proposal submission deadline. Contact regarding this RFP with any State personnel not listed above could result in disqualification. The State will not be held responsible for oral responses to Bidders regardless of the source.

6.2. Procurement Timetable

<u>Procurement Timetable</u>		
(All times are according to Eastern Time. DHHS reserves the right to modify these dates at its sole discretion.)		
Item	Action	Date
1.	Release RFP	Dec. 14, 2018
2.	Mandatory Letter of Intent Submission Deadline	Dec. 21, 2018
4.	RFP Questions Submission Deadline	Jan 4, 2019 2:00 pm
5.	DHHS Response to Questions Published	Jan 11, 2019
6.	Technical and Cost Bids Submission Deadline	Jan 23, 2019 2:00 pm

6.3. Letter of Intent

A Letter of Intent to submit a Proposal in response to this RFP must be received by the date and time identified in Section 6.2: Procurement Timetable.

Receipt of the Letter of Intent by DHHS will be required in order to receive any correspondence regarding this RFP, any RFP amendments, in the event such are produced, or any further materials on this project, including electronic files containing tables required for response to this RFP, any addenda, corrections, schedule modifications, or notifications regarding any informational meetings for Bidders, or responses to comments or questions.

The Letter of Intent may be transmitted by e-mail to the Procurement Coordinator identified in Section 6.1, but must be followed by delivery of a paper copy within two (2) business days to the Procurement Coordinator identified in Section 6.1.



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The potential Bidder is responsible for successful e-mail transmission. DHHS will provide confirmation of receipt of the Letter of Intent if the name and e-mail address or fax number of the person to receive such confirmation is provided by the Bidder.

The Letter of Intent must include the name, telephone number, mailing address and e-mail address of the Bidder's designated contact to which DHHS will direct RFP related correspondence.

Proposals submitted by entities that did not submit a Letter of Intent shall not be considered.

6.4. Bidders' Questions and Answers

6.4.1. Bidders' Questions

All questions about this RFP, including but not limited to requests for clarification, additional information or any changes to the RFP must be made in writing, citing the RFP page number and part or subpart, and submitted to the Procurement Coordinator identified in Section 6.1.

DHHS may consolidate or paraphrase questions for efficiency and clarity. Questions that are not understood will not be answered. Statements that are not questions will not receive a response.

Questions will only be accepted from those Bidders who have submitted a Letter of Intent by the deadline given in Section 6.2, Procurement Timetable. Questions from all other parties will be disregarded. DHHS will not acknowledge receipt of questions.

The questions may be submitted by fax or e-mail; however, DHHS assumes no liability for assuring accurate and complete fax and e-mail transmissions.

Questions must be received by DHHS by the deadline given in Section 6.2, Procurement Timetable.

6.4.2. DHHS Answers

DHHS intends to issue responses to properly submitted questions by the deadline specified in Section 6.2, Procurement Timetable. Written answers to questions asked will be posted on the DHHS Public website (<http://www.dhhs.nh.gov/business/rfp/index.htm>). Vendors will be sent an email (to the contact identified in accepted Letters of Intent) that the Questions and Answers have been posted on the DHHS Public website. This date may be subject to change at DHHS discretion.

6.5. RFP Amendment



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DHHS reserves the right to amend this RFP, as it deems appropriate prior to the Proposal Submission Deadline on its own initiative or in response to issues raised through Bidder questions. In the event of an amendment to the RFP, DHHS, at its sole discretion, may extend the Proposal Submission Deadline. Bidders who submitted a Letter of Intent will receive notification of the amendment, and the amended language will be posted on the DHHS Internet site.

6.6. Proposal Submission

Proposals submitted in response to this RFP must be received no later than the time and date specified in Section 6.2, Procurement Timetable. Proposals must be addressed for delivery to the Procurement Coordinator specified in Section 6.1, and marked with RFP-2019-DMS-01-EQRO.

Late submissions will not be accepted and will remain unopened. Disqualified submissions will be discarded if not re-claimed by the bidding Bidder by the time the contract is awarded. Delivery of the Proposals shall be at the Bidder's expense. The time of receipt shall be considered when a Proposal has been officially documented by DHHS, in accordance with its established policies, as having been received at the location designated above. The State accepts no responsibility for mislabeled mail. Any and all damage that may occur due to shipping shall be the Bidder's responsibility.

6.7. Compliance

Bidders must be in compliance with applicable federal and state laws, rules and regulations, and applicable policies and procedures adopted by the Department of Health and Human Services currently in effect, and as they may be adopted or amended during the contract period.

6.8. Non-Collusion

The Bidder's required signature on the Transmittal Cover Letter for a Proposal submitted in response to this RFP guarantees that the prices, terms and conditions, and services quoted have been established without collusion with other Bidders and without effort to preclude DHHS from obtaining the best possible competitive proposal.

6.9. Collaborative Proposals

Proposals must be submitted by one organization. Any collaborating organization must be designated as subcontractor subject to the terms of Exhibit C Special Provisions (see Appendix B: Contract Minimum Requirements).

6.10. Validity of Proposals



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Proposals submitted in response to this RFP must be valid for two hundred forty (240) days following the Technical and Cost Proposal Submission Deadline specified in Section 6.2, Procurement Timetable or until the effective date of any resulting contract, whichever is later. This period may be extended by mutual written agreement between the Bidder and DHHS.

6.11. Property of Department

All material property submitted and received in response to this RFP will become the property of DHHS and will not be returned to the Bidder. DHHS reserves the right to use any information presented in any Proposal provided that its use does not violate any copyrights or other provisions of law.

6.12. Proposal Withdrawal

Prior to the Technical and Cost Proposal Submission Deadline specified in Section 6.2, Procurement Timetable, a submitted Letter of Intent or Proposal may be withdrawn by submitting a written request for its withdrawal to the Procurement Coordinator specified in Section 6.1.

6.13. Public Disclosure

The content of a bidder's Proposal must remain confidential until the Governor and Executive Council have approved a contract as a result of this RFP. A Bidder's disclosure or distribution of the contents of its Proposal, other than to the State, will be grounds for disqualification at the State's sole discretion.

The content of each Bidder's Proposal, and addenda thereto, will become public information once the Governor and Executive Council have approved a contract. Any information submitted as part of a bid in response to this RFP may be subject to public disclosure under RSA 91-A. In addition, in accordance with RSA 9-F:1, any contract entered into as a result of this RFP will be made accessible to the public online via the website Transparent NH (www.nh.gov/transparentnh/). Accordingly, business financial information and proprietary information such as trade secrets, business and financials models and forecasts, and proprietary formulas may be exempt from public disclosure under RSA 91-A:5, IV.

Insofar as a Bidder seeks to maintain the confidentiality of its confidential commercial, financial or personnel information, the Bidder must clearly identify in writing the information it claims to be confidential and explain the reasons such information should be considered confidential. This should be done by separate letter identifying by page number and proposal section number the specific information the Bidder claims to be exempt from public disclosure pursuant to RSA 91-A:5.



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Each Bidder acknowledges that DHHS is subject to the Right-to-Know Law New Hampshire RSA Chapter 91-A. DHHS shall maintain the confidentiality of the identified confidential information insofar as it is consistent with applicable laws or regulations, including but not limited to New Hampshire RSA Chapter 91-A. In the event DHHS receives a request for the information identified by a Bidder as confidential, DHHS shall notify the Bidder and specify the date DHHS intends to release the requested information. Any effort to prohibit or enjoin the release of the information shall be the Bidder's responsibility and at the Bidder's sole expense. If the Bidder fails to obtain a court order enjoining the disclosure, DHHS may release the information on the date DHHS specified in its notice to the Bidder without incurring any liability to the Bidder.

6.14. Non-Commitment

Notwithstanding any other provision of this RFP, this RFP does not commit DHHS to award a contract. DHHS reserves the right to reject any and all Proposals or any portions thereof, at any time and to cancel this RFP and to solicit new Proposals under a new bid process.

6.15. Liability

By submitting a Letter of Intent to submit a Proposal in response to this RFP, a Bidder agrees that in no event shall the State be either responsible for or held liable for any costs incurred by a Bidder in the preparation or submittal of or otherwise in connection with a Proposal, or for work performed prior to the Effective Date of a resulting contract.

6.16. Request for Additional Information or Materials

During the period from the Technical and Cost Proposal Submission Deadline, specified in Section 6.2, Procurement Timeline, to the date of Contractor selection, DHHS may request of any Bidder additional information or materials needed to clarify information presented in the Proposal. Such a request will be issued in writing and will not provide a Bidder with an opportunity to change, extend, or otherwise amend its Proposal in intent or substance. Key personnel shall be available for interviews.

6.17. Oral Presentations and Discussions

DHHS reserves the right to require some or all Bidders to make oral presentations of their Proposal. Any and all costs associated with an oral presentation shall be borne entirely by the Bidder. Bidders may be requested to provide demonstrations of any proposed automated systems. Such a request will be in writing and will not provide a Bidder with an opportunity to change, extend, or otherwise amend its proposal in intent or substance.



6.18. Contract Negotiations and Unsuccessful Bidder Notice

If a Bidder(s) is selected, the State will notify the Successful Bidder(s) in writing of their selection and the State's desire to enter into contract negotiations. Until the State successfully completes negotiations with the selected Bidder(s), all submitted Proposals remain eligible for selection by the State. In the event contract negotiations are unsuccessful with the selected Bidder(s), the evaluation team may recommend another Bidder(s).

In order to protect the integrity of the bidding process, notwithstanding RSA 91-A:4, no information shall be available to the public, or to the members of the general court or its staff, concerning specific responses to requests for bids (RFBs), requests for proposals (RFPs), requests for applications (RFAs), or similar requests for submission for the purpose of procuring goods or services or awarding contracts from the time the request is made public until the closing date for responses except that information specifically allowed by RSA 21-G:37.

6.19. Scope of Award and Contract Award Notice

DHHS reserves the right to award a service, part of a service, group of services, or total Proposal and to reject any and all Proposals in whole or in part. The notice of the intended contract award will be sent by certified mail or overnight mail to the selected Bidder. A contract award is contingent on approval by the Governor and Executive Council.

If a contract is awarded, the Bidder must obtain written consent from the State before any public announcement or news release is issued pertaining to any contract award.

6.20. Site Visits

The Department may, at its sole discretion, at any time prior to contract award, conduct a site visit at the bidder's location or at any other location deemed appropriate by the Department, in order to determine the bidder's capacity to satisfy the terms of this RFP/RFB/RFA. The Department may also require the bidder to produce additional documents, records, or materials relevant to determining the bidder's capacity to satisfy the terms of this RFP/RFB/RFA. Any and all costs associated with any site visit or requests for documents shall be borne entirely by the bidder.

6.21. Protest of Intended Award



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Any challenge of an award made or otherwise related to this RFP shall be governed by RSA 21-G:37, and the procedures and terms of this RFP. The procedure set forth in RSA 21-G:37, IV, shall be the sole remedy available to challenge any award resulting from this RFP. In the event that any legal action is brought challenging this RFP and selection process, outside of the review process identified in RSA 21-G:37, IV, and in the event that the State of New Hampshire prevails, the challenger agrees to pay all expenses of such action, including attorney's fees and costs at all stages of litigation.

6.22. Contingency

Aspects of the award may be contingent upon changes to State or federal laws and regulations.

7. PROPOSAL OUTLINE AND REQUIREMENTS

7.1. Presentation and Identification

7.1.1. Overview

- 7.1.1.1. Bidders are expected to examine all documentation and other requirements. Failure to observe the terms and conditions in completion of the Proposal are at the Bidder's risk and may, at the discretion of the State, result in disqualification.
- 7.1.1.2. Proposals must conform to all instructions, conditions, and requirements included in the RFP.
- 7.1.1.3. Acceptable Proposals must offer all services identified in Section 3 - Statement of Work, unless an allowance for partial scope is specifically described in Section 3, and agree to the contract conditions specified throughout the RFP.
- 7.1.1.4. Proposals should be received by the Technical and Cost Proposal Submission Deadline specified in Section 6.2, Procurement Timetable, and delivered, under sealed cover, to the Procurement Coordinator specified in Section 6.1.
- 7.1.1.5. Fax or email copies will not be accepted.
- 7.1.1.6. Bidders shall submit a Technical Proposal and a Cost Proposal.

7.1.2. Presentation

- 7.1.2.1. Original copies of Technical and Cost Proposals in separate three-ring binders.



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- 7.1.2.2. Copies in a bound format (for example wire bound, coil bound, saddle stitch, perfect bound etc. at minimum stapled) NOTE: loose Proposals will not be accepted.
- 7.1.2.3. Major sections of the Proposal separated by tabs.
- 7.1.2.4. Standard eight and one-half by eleven inch (8 ½" x 11") white paper.
- 7.1.2.5. Font size of 10 or larger.
- 7.1.3. Technical Proposal
 - 7.1.3.1. Original in 3 ring binder marked as "Original."
 - 7.1.3.2. The original Transmittal Letter (described in Section 7.2.2.1) must be the first page of the Technical Proposal and marked as "Original."
 - 7.1.3.3. 3 copies in bound format marked as "Copy."
 - 7.1.3.4. 1 electronic copy (divided into folders that correspond to and are labeled the same as the hard copies) on CD or Memory Card/Thumb Drive. NOTE: In the event of any discrepancy between the copies, the hard copy marked "Original" will control.
 - 7.1.3.5. Front cover labeled with:
 - 7.1.3.5.1. Name of company / organization;
 - 7.1.3.5.2. RFP#; and
 - 7.1.3.5.3. Technical Proposal.
- 7.1.4. Cost Proposal
 - 7.1.4.1. Original in 3 ring binder marked as "Original."
 - 7.1.4.2. A copy of the Transmittal Letter marked as "Copy" as the first page of the Cost Proposal.
 - 7.1.4.3. 3 copies in bound format marked as "Copy."
 - 7.1.4.4. 1 electronic copy (divided into folders that correspond to and are labeled the same as the hard copies). NOTE: In the event of any discrepancy between the copies, the hard copy marked "Original" will control.
 - 7.1.4.5. Front cover labeled with:
 - 7.1.4.5.1. Name of company / organization;
 - 7.1.4.5.2. RFP#; and
 - 7.1.4.5.3. Cost Proposal.



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7.2. Outline and Detail

7.2.1. Proposal Contents – Outline

Each Proposal shall contain the following, in the order described in this section. Each of these components must be separate from the others and uniquely identified with labeled tabs.

7.2.2. Technical Proposal Contents – Detail

7.2.2.1. Transmittal Cover Letter. The Transmittal Cover Letter must be:

7.2.2.1.1. On the Bidding company's letterhead;

7.2.2.1.2. Signed by an individual who is authorized to bind the Bidding Company to all statements, including services and prices contained in the Proposal; and

7.2.2.1.3. Contain the following:

7.2.2.1.3.1. Identify the submitting organization;

7.2.2.1.3.2. Identify the name, title, mailing address, telephone number and email address of the person authorized by the organization to contractually obligate the organization;

7.2.2.1.3.3. Identify the name, title, mailing address, telephone number and email address of the fiscal agent of the organization;

7.2.2.1.3.4. Identify the name, title, telephone number, and e-mail address of the person who will serve as the Bidder's representative for all matters relating to the RFP;

7.2.2.1.3.5. Acknowledge that the Bidder has read this RFP, understands it, and agrees to be bound by its requirements;



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- 7.2.2.1.3.6. Explicitly state acceptance of terms, conditions, and general instructions stated in Section 8 Mandatory Business Specifications, Contract Terms and Conditions;
- 7.2.2.1.3.7. Confirm that Appendix A Exceptions to Terms and Conditions is included in the proposal;
- 7.2.2.1.3.8. Explicitly state that the Bidder's submitted Proposal is valid for a minimum of two hundred forty (240) days from the Technical and Cost Proposal Submission Deadline specified in Section 6.2;
- 7.2.2.1.3.9. Date Proposal was submitted; and
- 7.2.2.1.3.10. Signature of authorized person.

7.2.2.2. Table of Contents

The required elements of the Proposal shall be numbered sequentially and represented in the Table of Contents.

- 7.2.2.3. Executive Summary The Bidder shall submit an executive summary to:
 - 7.2.2.3.1. Provide DHHS with an overview of the Bidder's organization and what is intended to be provided by the Bidder;
 - 7.2.2.3.2. Demonstrate the Bidder's understanding of the services requested in this RFP and any problems anticipated in accomplishing the work;
 - 7.2.2.3.3. Show the Bidder's overall design of the project in response to achieving the deliverables as defined in this RFP; and



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7.2.2.3.4. Specifically demonstrate the Bidder's familiarity with the project elements, its solutions to the problems presented and knowledge of the requested services.

7.2.2.4. Proposal Narrative, Project Approach, and Technical Response

The Bidder must answer all questions and must include all items requested for the Proposal to be considered. The Bidder must address every section of Section 3 Statement of Work, even though certain sections may not be scored.

Responses must be in the same sequence and format as listed in Section 3 Statement of Work and must, at a minimum, cite the relevant section, subsection, and paragraph number, as appropriate.

7.2.2.5. Description of Organization

Bidders must include in their Proposal a summary of their company's organization, management and history and how the organization's experience demonstrates the ability to meet the needs of requirements in this RFP.

7.2.2.5.1. At a minimum respond to:

- 7.2.2.5.1.1. General company overview;
- 7.2.2.5.1.2. Ownership and subsidiaries;
- 7.2.2.5.1.3. Company background and primary lines of business;
- 7.2.2.5.1.4. Number of employees;
- 7.2.2.5.1.5. Headquarters and Satellite Locations;
- 7.2.2.5.1.6. Current project commitments;
- 7.2.2.5.1.7. Major government and private sector clients; and
- 7.2.2.5.1.8. Mission Statement.

7.2.2.5.2. This section must include information on:

- 7.2.2.5.2.1. The programs and activities of the organization;
- 7.2.2.5.2.2. The number of people served; and



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7.2.2.5.2.3. Programmatic accomplishments.

7.2.2.5.3. And also include:

7.2.2.5.3.1. Reasons why the organization is capable of effectively completing the services outlined in the RFP; and

7.2.2.5.3.2. All strengths that are considered an asset to the program.

7.2.2.5.4. The Bidder should demonstrate:

7.2.2.5.4.1. The length, depth, and applicability of all prior experience in providing the requested services;

7.2.2.5.4.2. The skill and experience of staff and the length, depth and applicability of all prior experience in providing the requested services.

7.2.2.6. Staffing and Resumes

Each Bidder shall submit an organizational chart and a staffing plan for the program. For persons currently on staff with the Bidder, the Bidder shall provide names, title, qualifications and resumes. For staff to be hired, the Bidder shall describe the hiring process and the qualifications for the position and the job description. The State reserves the right to accept or reject dedicated staff individuals.

7.2.2.7. Subcontractor Letters of Commitment (if applicable)

If subcontractors are part of this proposal, signed letters of commitment from the subcontractor are required as part of the RFP. The Bidder shall be solely responsible for meeting all requirements and terms and conditions specified in this RFP, its Proposal, and any resulting contract, regardless of whether it proposes to use any subcontractors. The Bidder and any subcontractors shall commit to the entire contract period stated within the RFP, unless a change of subcontractors is specifically agreed to by the State. The State reserves the right to approve or reject subcontractors for this project and to require the Bidder to replace subcontractors found to be unacceptable.



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7.2.2.8. License, Certificates and Permits as Required

This includes: a Certificate of Good Standing or assurance of obtaining registration with the New Hampshire Office of the Secretary of State. Required licenses or permits to provide services as described in Section 3 of this RFP.

7.2.2.9. Affiliations – Conflict of Interest

The Bidder must include a statement regarding any and all affiliations that might result in a conflict of interest. Explain the relationship and how the affiliation would not represent a conflict of interest.

7.2.2.10. Required Attachments

The following are required statements that must be included with the Proposal. The Bidder must complete the correlating forms found in the RFP Appendices and submit them as the “Required Attachments” section of the Proposal.

7.2.2.10.1. Bidders Information and Declarations:
Exceptions to Terms and Conditions,
Appendix A

7.2.2.10.2. CLAS Requirements, Appendix C

7.2.2.10.3. Contract Monitoring Provisions, Appendix
F, pages 3 and 4

7.2.3. Cost Proposal Contents – Detail

7.2.3.1. Cost Bid Requirements

Cost proposals may be adjusted based on the final negotiations of the scope of work. See Section 4, Finance for specific requirements.

7.2.3.2. Statement of Bidder's Financial Condition

The organization's financial solvency will be evaluated. The Bidder's ability to demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources as required during performance under this contract will be considered.

Each Bidder must submit audited financial statements for the four (4) most recently completed fiscal years that demonstrate the Bidder's organization is in sound financial condition. Statements must include a report by an independent auditor that expresses an unqualified or qualified opinion as to whether the accompanying financial statements are presented fairly in accordance with generally accepted accounting principles. A disclaimer of opinion, an adverse opinion, a special report, a review report, or a compilation report will be grounds for rejection of the proposal.



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Complete financial statements must include the following:

- 7.2.3.2.1. Opinion of Certified Public Accountant
- 7.2.3.2.2. Balance Sheet
- 7.2.3.2.3. Income Statement
- 7.2.3.2.4. Statement of Cash Flow
- 7.2.3.2.5. Statement of Stockholder's Equity of Fund Balance
- 7.2.3.2.6. Complete Financial Notes
- 7.2.3.2.7. Consolidating and Supplemental Financial Schedules

A Bidder, which is part of a consolidated financial statement, may file the audited consolidated financial statements if it includes the consolidating schedules as supplemental information. A Bidder, which is part of a consolidated financial statement, but whose certified consolidated financial statements do not contain the consolidating schedules as supplemental information, shall, in addition to the audited consolidated financial statements, file unaudited financial statements for the Bidder alone accompanied by a certificate of authenticity signed by an officer of the corporation, partner, or owner under penalty of unsworn falsification which attests that the financial statements are correct in all material respects.

If a bidder is not otherwise required by either state or federal statute to obtain a certification of audit of its financial statements, and thereby elects not to obtain such certification of audit, the bidder shall submit as part of its proposal:

- 7.2.3.2.8. Uncertified financial statements; and
- 7.2.3.2.9. A certificate of authenticity which attests that the financial statements are correct in all material respects and is signed by an officer of the corporation, partner, or owner under penalty of unsworn falsification.

7.2.3.3. Required Attachments

The following are required statements that must be included with the Proposal. The Bidder must complete the correlating forms found in the RFP Appendices and submit them as the "Required Attachments" section of the Proposal.

- 7.2.3.3.1. Budget, Appendix D



7.2.3.3.2. Budget Narrative

7.2.3.3.3. Personnel Sheet, Appendix E

8. MANDATORY BUSINESS SPECIFICATIONS

8.1. Contract Terms, Conditions and Liquidated Damages, Forms

8.1.1. Contract Terms and Conditions

The State of New Hampshire sample contract is attached; Bidder shall agree to contractual requirements as set forth in the Appendix B Sample Contract.

8.1.2. Liquidated Damages

The State intends to negotiate with the awarded vendor to include liquidated damages in the Contract in the event any deliverables are not met.

The Department and the Contractor agree that the actual damages that the Department will sustain in the event the Vendor fails to maintain the required performance standards throughout the life of the contract will be uncertain in amount and difficult and impracticable to determine. The Contractor acknowledges and agrees that any failure to achieve required performance levels by the Contractor will more than likely substantially delay and disrupt the Department's operations. Therefore the parties agree that liquidated damages shall be determined as part of the contract specifications.

Assessment of liquidated damages shall be in addition to, and not in lieu of, such other remedies as may be available to the Department. Except and to the extent expressly provided herein, the Department shall be entitled to recover liquidated damages applicable to any given incident.

The Department will determine compliance and assessment of liquidated damages as often as it deems reasonable necessary to ensure required performance standards are met. Amounts due the State as liquidated damages may be deducted by the State from any fees payable to the Contractor and any amount outstanding over and above the amounts deducted from the invoice will be promptly tendered by check from the Contractor to the State.

9. ADDITIONAL INFORMATION

9.1. Appendix A – Exceptions to Terms and Conditions

9.2. Appendix B – Contract Minimum Requirements



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- 9.3. Appendix C – CLAS Requirements**
- 9.4. Appendix D – Budget**
- 9.5. Appendix E – Personnel Sheet**
- 9.6. Appendix F – Contract Monitoring Provisions**
- 9.7. Appendix G – Company/Vendor Reference Check**